

EXHIBIT E
CLIENT CERTIFICATION OF HOUSEHOLD
COMPOSITION AND INCOME

CDBG / other	
\$	%

The program under which you are receiving assistance utilizes City of Las Vegas Neighborhood Services Department, HUD funds. In accordance with the federal regulations governing the use of these funds, please supply the information requested below. This information is confidential and only for use by the public agencies providing this funding.

HOUSEHOLD SIZE Please check the box next to the total number of people that live in the household.	HOUSEHOLD INCOME¹ Please check the box next to the total income of your household. Count all income of all household members.		
<input type="checkbox"/> 1 person	<input type="checkbox"/> less than \$12,650	<input type="checkbox"/> less than \$21,050	<input type="checkbox"/> less than \$33,650
<input type="checkbox"/> 2 people	<input type="checkbox"/> less than \$14,450	<input type="checkbox"/> less than \$24,050	<input type="checkbox"/> less than \$38,500
<input type="checkbox"/> 3 people	<input type="checkbox"/> less than \$16,250	<input type="checkbox"/> less than \$27,050	<input type="checkbox"/> less than \$43,300
<input type="checkbox"/> 4 people	<input type="checkbox"/> less than \$18,050	<input type="checkbox"/> less than \$30,050	<input type="checkbox"/> less than \$48,100
<input type="checkbox"/> 5 people	<input type="checkbox"/> less than \$19,500	<input type="checkbox"/> less than \$32,450	<input type="checkbox"/> less than \$51,950
<input type="checkbox"/> 6 people	<input type="checkbox"/> less than \$20,950	<input type="checkbox"/> less than \$34,850	<input type="checkbox"/> less than \$55,800
<input type="checkbox"/> 7 people	<input type="checkbox"/> less than \$22,400	<input type="checkbox"/> less than \$37,250	<input type="checkbox"/> less than \$59,650
<input type="checkbox"/> 8 people	<input type="checkbox"/> less than \$23,850	<input type="checkbox"/> less than \$39,650	<input type="checkbox"/> less than \$63,500

¹ Based on HUD median incomes as of March 20, 2007.

Print Names of everyone in the house including those with income and the person requesting assistance. If assistance is for a minor child please list the child's information also.

First Name	Last Name	D.O.B.	M/F	Head of household: Y/N	Monthly Income Per Person	Annual Income Per Person

Please check the box next to the race category that best describes your race; please also indicate if you consider your ethnicity to be Hispanic.

<input type="checkbox"/>	White	<input type="checkbox"/>	Black/African American	<input type="checkbox"/>	Asian	<input type="checkbox"/>	American Indian/Alaskan
<input type="checkbox"/>	Native Hawaiian/Other Pacific Islander	<input type="checkbox"/>	American Indian Alaskan Native & White	<input type="checkbox"/>	Asian & White	<input type="checkbox"/>	Black & White
<input type="checkbox"/>	American Indian/Alaskan Native & Black	<input type="checkbox"/>	Asian/Pacific Islander	<input type="checkbox"/>	Other Multi Racial	<input type="checkbox"/>	Hispanic

INCOME INFORMATION

Items needed (copies):

- * *Photo ID, for head of household.*
- * *Monthly income for each member of the house with income (paycheck stubs, income tax statement.)*
- * *Other income documentation (child support, alimony, welfare, etc)*
- * *A letter from a Public Housing Manager, or copy of a current Section 8 Lease, will suffice as proof of income.*

Please answer each of the following questions. For each "yes," please provide documentation.

Does any member of your household:

<input type="checkbox"/> Yes	<input type="checkbox"/> No	1. Live in Public Housing or receive Section 8 rental assistance?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	2. Work full-time, part-time, or seasonally?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	3. Expect to work for any period during the next year?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	4. Work for someone who pays them cash?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	5. Now receive or expect to receive unemployment benefits?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	6. Now receive or expect to receive child support?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	7. Now receive or expect to receive alimony?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	8. Now receive or expect to receive public assistance (welfare)?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	9. Now receive or expect to receive Social Security or other retirement benefits?

APPLICANT CERTIFICATION

I/We certify that the information given on household composition and income is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for termination of assistance. *I hereby certify that my household size and income are as stated above. I consent to verification of this information by the service provider, the City of Las Vegas, or other governmental officials as required.*

Signature of Head of Household

Date

Signature of Spouse

Date

Address including zip code

Phone #

Agency Representative

Date

Verified by: _____

Date: _____

Income verification * and type: _____

Date: _____

**i.e. any letter from and agency that verifies your client's low-income status is acceptable, a letter from Public Housing, check stubs, etc.*